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CONFIRMATION NO. 4245

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|---|---|---|---|------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/699,755  | <b>FILING OR 371(c) DATE</b><br>11/03/2003<br><b>RULE</b>   | <b>CLASS</b><br>296                       | <b>GROUP ART UNIT</b><br>3612   | <b>ATTORNEY DOCKET NO.</b><br>7325 |                                |
| <b>APPLICANTS</b><br>Stanley Green, Dartford, UNITED KINGDOM;   |   |   |   |                                    |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of PCT/GB02/01475 03/28/2002   |   |   |   |                                    |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0111820.7 05/15/2001   |   |   |   |                                    |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 02/02/2004   |   |   |   |                                    |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>6           | <b>INDEPENDENT CLAIMS</b><br>1 |
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| <b>TITLE</b><br>SECURE STORAGE CHAMBERS   |   |   |   |                                    |                                |
| <b>FILING FEE RECEIVED</b><br>685   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |                                |